

REVIEWS.

DISEASES OF THE STOMACH: Their Special Pathology, Diagnosis, and Treatment, with Sections on Anatomy, Physiology, Analysis of Stomach Contents, Dietetics, Surgery of the Stomach, etc. In three parts. Pp. 788. By JOHN C. HEMMETER, M.B., M.D., Ph.D. Philadelphia: P. Blakiston, Son & Co., 1897.

THIS work of three parts is consolidated into a single bulky volume of 788 pages. The book is unique in that it is by far the most voluminous single volume treatise on the subject published, and that apart from the small volume of Einhorn's (really a collection of monographs) it is—although perhaps not the first projected—the first American treatise on diseases of the stomach to appear.

Part First is devoted to the anatomy and physiology of the digestive organs, including a description of "Methods and Technics of Diagnosis." Part Second treats of the "Therapy and Materia Medica of Stomach Diseases." Part Third is termed "The Gastric Clinic," and concerns itself with the study of the different diseases of the stomach.

The author, although a comparatively recent laborer in this field, has, by virtue of natural ability, great industry, and marked enthusiasm, aided by certain other favorable conditions, accomplished a considerable amount of most admirable work which has formed the basis of his treatise. His enthusiasm in his specialty is unbounded; evidences of that are apparent from the outset, as in the preface, in which is evinced a self-satisfaction with his creation most commendable. This enthusiasm is only unfortunate in that it sometimes has led to the display of a trifle too much of the Ego, as it has to the origin, advocacy, and voluminous description of certain methods of research, which, although most commendable, are often impracticable of application by the general practitioner, for whom it is stated the book is intended.

At the start we cannot but enter a protest against the term "gastro-enterologist," often employed by the author in seemingly the sense that diseases of the digestive apparatus should be regarded as forming a distinct specialty, as is that of diseases of the eye and ear, the nose and throat; these being so often entered into without a preliminary thorough training in internal medicine. We cannot but feel sorrow for those falling into the hands of such specialists as may require the caution Dr. Hemmeter has seen fit to give on page 370: "Gastro-enterologists should not fail to perfect themselves in the technic of auscultation and percussion!" If those working in this line have not first had ample preliminary training in auscultation and percussion, and subsequent thorough application of these in hospital and private work, before they have turned their attention to a branch so intimately related to the broad field of internal medicine as not to be separated from it, they

should be posted as charlatans, and deprived of the power to practise on suffering humanity. But we feel sure that it is not to such of these that Dr. Hemmeter has meant to appeal, although a caution to such in the book would not have been inappropriate.

It seems a trifle needless to quarrel over the question of priority of introducing a tube into the duodenum (p. 669), or the gastro-diaphane into the colon (p. 103). Certain claims to priority of this sort, however just, are urged somewhat aggressively, as if one might suppose such a procedure were patented and the danger of infringement of the same imminent. Concerning the claim of priority of illuminating the colon (p. 103), it must be remarked that it is unfounded, since in the published work of Heryng and Reichmann, on gastro-diaphany (*Therapeutische Monatshefte*, March, 1892), who had interested themselves in this subject since 1889, there is graphically illustrated the diagnostic value of transillumination of the colon. Their work was done with a water-circulating diaphane, an apparatus far safer for such exploration than that employed by Dr. Hemmeter. Dr. Hemmeter may, however, justly claim not only priority but, we think, isolation, when the question of introducing the diaphane into the ileum (!) is concerned. Concerning the use of the gastro-diaphane, by the way, we think the author has not dwelt sufficiently upon the sources of error in its application, such as occur through too great diffusion of the light, so liable to occur when lamps of high illuminating power are employed. It seems odd that mention is not made of the most admirable water-circulating diaphane, which possesses material advantages over the original apparatus of Eiahorn, as the reviewer can testify. It certainly is the form that should be used with lamps of such high voltage as Dr. Hemmeter employs. This is especially true when illumination of the bowel is the object.

Dr. Hemmeter has shown a tendency to a little diffuseness leading occasionally to undue repetition. A commendable desire for prompt publication is doubtless the cause of any such blemish, as it is of certain defects in style and English here and there somewhat apparent. We cannot but say that we feel that it would have been better for publisher and author if the book had been a little less voluminous. We think that, with other matter that might have been curtailed, considerable in the chapters on Dietetics and the Diet Kitchen could have been omitted, as might also the introduction of expensive plates (tending naturally to increase the price of the book) illustrating the working of the author's kymograph in his description of ascertaining the condition of the gastric peristole—a method which, by the way, is scarcely practicable for general clinical employment. The reproduction of Fig. 21 (p. 131) as Fig. 40 (p. 716), and of Fig. 22 (p. 133) as Fig. 34 p. (428), seem unnecessary, from the undue amount of space thus consumed. In the effort not to omit an extensive bibliographic reference, authors' names and titles, and often title of publication and date, are repeated both in the text and at the close of the chapter. Concerning somewhat careless or little polished use of English here and there apparent, there may be incidentally pointed out the following: "Apparatuses" (p. 78), "digestive clinical pathologist" (preface). Figs. 21 and 40 are described as "from a case of persistent hyperacidity found in the eye of the tube." On page 139 the following occurs: "We have seen a number of cases whose stomachs were of natural size and where there was no disturbance, . . ." On page 274 it is remarked that "the use of

alcohol in any shape is totally unnecessary for the use of the human organism." "Potassium iodide may lead up to gastritis" (p. 395). A tendency to an unsightly mixture of English and Latin is a direction on p. 450: "3ss in ʒij aqua after meals." The "of water" would appear to better advantage in English. By "Bruce Jones" (pp. 382, 383) is probably meant Bence Jones.

More important of attention and correction are occasional slight errors in another direction: "alcohol free ether is as totally unnecessary for use in the application of the Uffelmann test to separate the lactic acid in the gastric filtrate as it is essential for employment with the aldehyde method proposed by Boas" (pp. 152, 153). Alcohol free ether is advised for use in the first and merely "ether" with the second. Toepfer's test is spoken of as one for free HCl alone (p. 148), whereas it also responds to the loosely bound HCl, to which the phloroglucin-vanillin gives no reaction. As concerns the occurrence of a rose-color reaction with the latter as an indication of the presence of traces of the mineral acids alone, it may be of interest here to record that the reviewer long ago showed that boric acid also gives a rose-hue response macroscopically identical with the reaction obtained from traces of a mineral acid. On page 669 one grain of salol evidently should read one gramme.

—The directions concerning the application of lavage and the single and double gastric tube are, we think, scarcely given as minutely as the importance of the subject warrants. A thorough knowledge of the technique of the various diagnostic methods is of little utility without an exact comprehension of the needs and best modes of use of a remedy often so badly applied as to be useless or harmful. More space could have been devoted to describing the great value of douching in comparison with mere washing of the stomach, and as to the utility of other double-current spray tubes than those described. Einhorn's intra-gastric spray, which is unqualifiedly commended, will be often found to be impracticable through its introducing so much air into the stomach. Surely it is not intended that a 6 per cent. solution of HCl should be employed for lavage (p. 321). This would be effective enough in overcoming "decided fermentations," but would be hard on the stomach.

The statement (p. 377) that there is usually present in gastric carcinoma, as in malignant disease elsewhere, a constant increase in the number of leucocytes, varying from 10,000 to 50,000, is somewhat misleading. A leucocytosis, as concerns decided numerical increase, is not regarded as relatively very frequent in cancer of the stomach, and a marked grade of leucocytosis before extensive metastasis has occurred is unusual.

We are surprised to note that ergot is said to be of utility in "copious and persistent" gastric hemorrhage (p. 482). A consideration of the physiological action of ergot, with the repeated failures following its employment, if other measures really efficient are not coincidentally used, should soon convince one of its inutility. The writer (see *Medical News*, January 23, 1892, and *System of Practical Therapeutics*, vol. ii. p. 949), so convinced several years ago, never nowadays employs it in gastric hemorrhage.

On page 526 is recommended, as an aid to secure particles of the growth in gastric carcinoma, the employment of a stomach-tube which "although quite soft is provided with a sharp chisel-like edge around

the lower opening." Such a tube to be of utility as a curette, it should be needless to say, would be dangerous of application. We think that the author lays far too much stress on the diagnostic value of the discovery in the wash-water, in cases of suspected gastric carcinoma, of isolated cellular elements, whether showing karyokinetic figures and forms of mitosis or not. So, too, if, in the statement (p. 526) "nor should we always deny the existence of cancer when we find no fragments giving the typical histological structure of these neoplasms," *ever* was substituted for "*always*," it would be more exact. We think trained clinicians will not agree with the author that the actually characteristic rose spots of enteric fever ever occur in another disease, not even acute miliary tuberculosis (p. 550).

We think Dr. Hemmeter goes a trifle too far in holding that constipation occurring in chronic gastritis should never be treated by drugs. A mild laxative, such as a reliable preparation of cascara, is sometimes absolutely essential to supplement the agents he advises, as is also an occasional good-sized dose of calomel. The latter has an influence most far-reaching for good on other organs and parts than the stomach, which tend to derangement in this affection. His treatment of chronic gastritis is too much that of the stomach alone. Because extensive fermentation and formation of organic acids are of rare occurrence in this disease, it does not follow that saccharine articles of diet may be always permitted. We must consider the influence of these upon metabolic processes in the liver, as well as upon the intestinal condition.

The author's scepticism concerning the frequency of loose right kidney in women is somewhat remarkable, as is the statement that the rate for Baltimore is but 6 per cent. (!). He remarks that "a surprisingly large number of movable kidneys are diagnosed by otherwise very skillful diagnosticians when they are really dealing with cases of descent of the liver." This seems indeed severe on these otherwise skillful diagnosticians. He regards, also, as the chief error in diagnosis the much less commonly present furrowed, partially separated portion of the right lobe of the liver. The reviewer has paid special attention to this matter for a number of years, and has examined for these conditions as a matter of routine. He is certain that he cannot be so misled. The percentage in which he encounters a palpable and often very movable right kidney in his patients is at least 30. Evidently either preconceived notions concerning the infrequency of loose right kidney or the method of examining for it adopted, have prevented Dr. Hemmeter from discovering a condition which must be as common in Baltimore as elsewhere. It is most unlikely that the women of Baltimore, although perhaps superior in certain other respects to their Eastern sisters, are better able to sustain their right kidney in position, and that instead they have a too freely movable liver or the less common tongue-like projection cited. In a subsequent edition Dr. Hemmeter will probably somewhat modify his views of this matter. It is no unusual occurrence with the reviewer to be able to demonstrate a very loose right kidney in cases in which it had been overlooked by diagnosticians presumably skilled in the line of abdominal work who had referred the case for opinion. Not being on the watch for this condition, it had previously been either unsuspected or the method employed for its detection was inefficient. Concerning the question of the rarity of finding a loose kidney post mortem, which is adduced against its frequency in life—Dr. Hemmeter holding that the mobility should per-

sist in death—Newman's most rational explanation seems to the reviewer sufficient: that the fatty envelope becoming solidified after death tends to fix a kidney which in life had been freely movable.

Enough has been said in the way of criticism of this—taking it all in all—really admirable hook. The few points mentioned adversely are, in comparison with the vast expanse of valuable material, the merest trifles—details not detracting from the worth of a hook which can truly be said to represent a monument of earnest intelligent work, reflecting credit on the author's skill as an investigator and compiler in this branch of medicine. We confidently commend it to those working in this special field who desire to be abreast of what is being done, and predict for it popularity and a large sale. Much praise is due the publishers for the most pleasing make-up of the volume. Their part has been truly perfectly done.

D. D. S.

THE PRACTICE OF MASSAGE: ITS PHYSIOLOGICAL EFFECTS AND THERAPEUTIC USES. By A. SYMONS ECCLES, M.B., Member Royal College of Surgeons, England, etc. Second edition; pp. xii. 372. London: Balliere, Tindall & Cox, 1898.

THE first edition of this book was reviewed in this JOURNAL for April, 1896. The present edition is practically a reprint of the first, but under the auspices of another publisher. Although nothing of great importance, so far as concerns massage, has presented itself in the time which has elapsed between the two editions, and for this reason no radical changes should be expected, yet the revision as claimed in the preface ought to have been sufficiently thorough to correct the typographical errors of the first, some of which were alluded to in our previous review. Not only has this not been done, but the objectionable tales denominated histories of patients are retained. The book, in spite of its obvious defects, really is a valuable one for the physician. We regret that opportunity for its improvement has not been accepted.

R. W. W.

PICTORIAL ATLAS OF SKIN DISEASES AND SYPHILITIC AFFECTIONS, IN PHOTO-LITHOCHROME, FROM MODELS IN THE MUSEUM OF THE SAINT LOUIS HOSPITAL, PARIS. With explanatory wood-cuts and text. By E. BESNIER, FOURNIER, TENNESON, HALLOPEAU, DU CASTEL, H. FEULARD, L. JACQUET. Edited and annotated by J. J. PRINGLE. Part XII. London: The Rebman Pub. Co. Philadelphia: W. B. Saunders, 1897.

THE part of this valuable work before us concludes the *Atlas*, which must be regarded as an admirable exposition in color of some of the many beautiful models of the famous Saint Louis Hospital Museum. Some of the diseases represented are rare, while others are common, all of them being well chosen. The drawing and coloring of the plates throughout the work are excellent, and the text is not only explanatory but instructive, in some instances amounting almost to small monographs—as, for example, the article by Fournier on Syphilitic Chancre of the Lip. Part XII. contains Syphilitic Chancre of the Nostril, Lip, and Tongue; Xeroderma Pigmentosum; Impetigo Contagiosa, and Urticaria Pigmentosa.

L. A. D.